

## Service Contract Review Summary Report - DSPD SFY 2009 - Short Form

'Rate Based Contracts - Open Ended'

Form Content Updated 10/7/2008

Sample Size:

**Division:** Division of Services for People With Disabilities

**Review Date:**

**Reviewer(s):**

(1) (2)

**Provider Name:** **Prov #**

**Contract #(s):**

**Review Location(s):**

**Service Type(s):**

**Compliance Ratings:** Y = Yes; N = No; N/A = Not Applicable

ID.RC & ABI

### CONTRACT MONITORING PLAN

Program Requirements/Scope of Work	Compliance? (Yes / No / N/A)				Comments
<b>1) Assessment requirements (SC)</b>	Yes	No	N/A	Major _____	1. Long Form
				Significant _____	
				Minor _____	
<b>2) Clients match program description. (SC)</b> (eligibility / utilization)	Yes	No	N/A	Major _____	2. Long Form
				Significant _____	
				Minor _____	
<b>3) Treatment and service requirements</b>	Yes	No	N/A	Major _____	3. Long Form
				Significant _____	
				Minor _____	
<b>4) Documentation/client record requirements</b>	Yes	No	N/A	Major _____	4. Long Form
				Significant _____	
				Minor _____	
<b>5) Staff Training, Competency &amp; Tracking</b>	Yes	No	N/A	Major _____	5. Long Form
				Significant _____	
				Minor _____	
<b>6) Staff requirements; annual updates</b>	Yes	No	N/A	Major _____	6. Long Form
				Significant _____	
				Minor _____	
<b>7) Client outcomes are included</b> in all client files.	Yes	No	N/A	Major _____	8. Long Form
				Significant _____	
				Minor _____	
<b>8) Data for client outcomes has been</b> collected by the Provider. (i.e. outcomes based on assessment data, progress reports, etc). Ensure Monthly Progress Reports processed	Yes	No	N/A	Major _____	9. Long Form
				Significant _____	
				Minor _____	
<b>9) Methods or system in place to prevent</b> abuse, neglect, or exploitation.	Yes	No	N/A	Major _____	10. Long Form
				Significant _____	
				Minor _____	

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### CONTRACT MONITORING PLAN - Continued

Rate Based Contracts	Compliance? (Yes / No / N/A)				Comments
<b>10)</b> Case management/worker verification of billings prior to fund disbursement? (SC)	Yes	No	N/A	Major _____ Significant _____ Minor _____	14. Long Form
<b>11)</b> Onsite reconciliation of billings with client service records?	Yes	No	N/A	Major _____ Significant _____ Minor _____	15. Long Form
<b>12)</b> Billings have attached lists of clients receiving billed service?	Yes	No	N/A	Major _____ Significant _____ Minor _____	
<b>13)</b> Onsite reconciliation of billed hours with provider time records?	Yes	No	N/A	Major _____ Significant _____ Minor _____	
<b>14)</b> Staff hours provided agree with client worksheets? LUR Current?	Yes	No	N/A	Major _____ Significant _____ Minor _____	16. Long Form

Client Fund Management	Compliance? (Yes / No / N/A)				Comments
<b>15)</b> Client funds have been managed appropriately by the Provider?	Yes	No	N/A	Major _____ Significant _____ Minor _____	17. Long Form

Federal Assurances & Standard Terms	Compliance? (Yes / No / N/A)				Comments
<b>16)</b> Compliance with Federal Employment Eligibility Verification (I-9) & BCI, DHS & DSPD Code of Conduct, Indemnity Requirements, Abuse Reporting, Anti Discrimination, Harrassment & Fraud training, records security & control, and Emergency Mgt & Business Continuation Plan on file	Yes	No	N/A	Major _____ Significant _____ Minor _____	19. Long Form

Licensing Requirements	Compliance? (Yes / No / N/A)				Comments
<b>17)</b> Were possible violations of licensing requirements identified that required notification of the Office of Licensing? ('Certification Checklist for Community Living Support- 3 or less' form)	Yes	No		If YES, Date of Notification: _____  Who was contacted in Licensing? _____	20. Long Form

#### Synopsis of Review:

#### Federal Assurances & Standard Terms:

The Division requires a copy of the entire Contractor Annual Certification Statement in FY2009.

Please submit a copy of your quarterly Labor Usage Reports-LUR to Clair Abee, State Office

An electronic file by e-mail is preferred to cabee@utah.gov

Contract Monitor Signature / Date

Contract Monitor Name (Please Print)